



1080 Mango Ave, Sunnyvale, CA 94087

## PAYMENT AUTHORIZATION/REQUEST FOR REIMBURSEMENT

Attach all ORIGINAL receipts to this form

Requestor's Name: \_\_\_\_\_

Requestor's Contact: (email or phone): \_\_\_\_\_

Expenditure Amount: \_\_\_\_\_

Expenditure Description: \_\_\_\_\_

Budget Line Description (i.e., teacher grant, Dept. Program): \_\_\_\_\_

Check Payable to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check Instructions:  Place in teacher/staff box

Mail to address above

Other: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Approval: \_\_\_\_\_

\*\*\*\* For PTSA Use Only \*\*\*\*

Check Number:

Expense Category:

Approval: Secretary Signature: \_\_\_\_\_

President or VP Signature: \_\_\_\_\_